

SERFF Tracking Number:	AEGB-126998595	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	47868
Company Tracking Number:	RW01 1009		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	RW01 1009		
Project Name/Number:	New Business Rewrite Application/RW01 1009		

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: RW01 1009

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGB-126998595 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num: RW01 1009

Author: Deb Andregg

Date Submitted: 02/03/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 02/08/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: New Business Rewrite Application

Project Number: RW01 1009

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Deb Andregg

Filing Description:

January 7, 2011

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/08/2011

State Status Changed: 02/08/2011

Created By: Deb Andregg

Corresponding Filing Tracking Number:
30822720

Commissioner of Insurance

Arkansas Department of Insurance

Compliance - Life/Health

1200 West Third Street

Little Rock, AR 72201-1904

SERFF Tracking Number: AEGB-126998595 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47868
Company Tracking Number: RW01 1009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: RW01 1009
Project Name/Number: New Business Rewrite Application/RW01 1009

Attn.: Policy Examination Division (Individual Life)

RE: TRANSAMERICA LIFE INSURANCE COMPANY NAIC #468-86231

Form number: RW01 1009 – Individual Life Application

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form which is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to the applicant. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures. These forms are concurrently being filed under our sister companies of Monumental Life Insurance Company, Stonebridge Life Insurance Company, Transamerica Financial Life Insurance Company and Western Reserve Life Assurance Co. of Ohio.

Application form RW01 1009 is an Individual Life Application that will be used with our non-variable life portfolio.

Licensed agents will use this if a change to a policy is requested within the delivery period for a policy that has been issued. Most of the time, it will be for situations when upon delivery of a policy originally agreed upon and the client decides he/she wants something different. This form will be used to clearly document the changes the client is requesting and get the client's signature. If approved, New Business will then reissue the policy with the changes. Since the client has signed this form, no additional amendment will be needed unless the company counters with something different from what the client requests in this form.

This application will be used via paper by licensed agents. We intend to use this form in a traditional manner whereby the Owner/applicant signs the application in ink and submits the application to the Company.

We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Deb Andregg
Policy Analyst
Contract Development

SERFF Tracking Number: AEGB-126998595 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 47868
Company Tracking Number: RW01 1009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: RW01 1009
Project Name/Number: New Business Rewrite Application/RW01 1009

(319) 355-7265 (collect)

Fax #: (319) 355-2501

dandregg@aegonusa.com

Company and Contact

Filing Contact Information

Debra Andregg, Policy Analyst

4333 Edgewood Rd. NE

MS 2225

Cedar Rapids, IA 52499

dandregg@aegonusa.com

319-355-7265 [Phone]

319-355-2501 [FAX]

Filing Company Information

Transamerica Life Insurance Company

4333 Edgewood Road, NE

Cedar Rapids, IA 52499

(319) 355-7888 ext. [Phone]

CoCode: 86231

Group Code: 468

Group Name:

FEIN Number: 39-0989781

State of Domicile: Iowa

Company Type:

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 x 1 form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	02/03/2011	44344574

<i>SERFF Tracking Number:</i>	<i>AEGB-126998595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47868</i>
<i>Company Tracking Number:</i>	<i>RW01 1009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>RW01 1009</i>		
<i>Project Name/Number:</i>	<i>New Business Rewrite Application/RW01 1009</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/08/2011	02/08/2011

<i>SERFF Tracking Number:</i>	<i>AEGB-126998595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47868</i>
<i>Company Tracking Number:</i>	<i>RW01 1009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>RW01 1009</i>		
<i>Project Name/Number:</i>	<i>New Business Rewrite Application/RW01 1009</i>		

Disposition

Disposition Date: 02/08/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGB-126998595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47868</i>
<i>Company Tracking Number:</i>	<i>RW01 1009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>RW01 1009</i>		
<i>Project Name/Number:</i>	<i>New Business Rewrite Application/RW01 1009</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Supporting Documents		Yes
Form	New Business Rewrite Application		Yes

SERFF Tracking Number:	AEGB-126998595	State:	Arkansas
Filing Company:	Transamerica Life Insurance Company	State Tracking Number:	47868
Company Tracking Number:	RW01 1009		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	RW01 1009		
Project Name/Number:	New Business Rewrite Application/RW01 1009		

Form Schedule

Lead Form Number: RW01 1009

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	RW01 1009	Other	New Business Rewrite Application	Initial		50.400	RW01 1009.pdf

☐ Transamerica Life Insurance Company
☐ Stonebridge Life Insurance Company

☐ Western Reserve Life Assurance Co. of Ohio
☐ Monumental Life Insurance Company

Administrative Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499-0001

(Check appropriate "Company")

INSTRUCTIONS FOR USE: This form may be used to request changes to an application for a policy if that policy has not been delivered and prior to the delivery deadline.

Requests are subject to approval of the Company.

New Business Application Change Supplement

Policy/certificate ("policy") number: _____

Proposed Insured: _____ **Owner:** _____

Additional Proposed Insured (if any): _____

I hereby request the following changes to the application for my policy.

Section 1. Change to Face Amount or Premium Amount

Face Amount: ☐ Increase ☐ Decrease New Face Amount \$ _____

New Premium Amount \$ _____ Mode: _____ RAP: _____

Initial Lump Sum Amount: \$ _____

Note: Any increase in face amount may require additional underwriting. The terms, conditions and limits of the conditional receipt, if any, continue to apply. **No additional conditional coverage is provided for this requested increase.** Do not submit money with this Application Supplement.

Section 2. Plan change

New Plan Name: _____ New Premium Amount \$ _____

Kind Code (if applicable): _____ Mode: _____

If term, specify level premium period: _____ UL, specify Death Benefit Option in Section 3 below.

Note: Plan changes and death benefit option changes may require additional underwriting.

Section 3. Change UL death benefit option to the following general definition:

☐ The death benefit is the face amount. (Level)

☐ The death benefit is the face amount plus the policy value. (Increasing)

☐ The death benefit is the face amount plus the return of premium. (Plus Premium or ROP)

Section 4. Riders (There is no conditional coverage for riders.)

☐ Add ☐ Delete

Rider Description: _____

Face amount or number of units (if applicable): _____

Section 5. Beneficiary Change

Name

Relationship to Proposed Insured

Primary : _____

Address: _____

Contingent: _____

Address _____

Section 6. Change of Risk Classification or Nicotine Classification

Change Risk Classification to: _____ . Extra Rating of: _____

Change Nicotine Classification to (check one): ☐ Nicotine ☐ Non-Nicotine

Section 7. Request Policy Back Date to 'Save Age'. ☐ Yes ☐ No

* Include Save Age form when required.

Section 8. Additional Instructions:

Note: Any additional changes will require completion of a new application.

STATEMENT OF GOOD HEALTH AND INSURABILITY

I represent that since the date of the application for the policy no person to be covered by the policy has:

- ☐ Yes ☐ No 1. Had a change in health due to injury or sickness; or
- ☐ Yes ☐ No 2. Consulted, been examined or been treated by any physician or practitioner; or
- ☐ Yes ☐ No 3. Changed occupation, aviation or military status; or
- ☐ Yes ☐ No 4. Had any life or accident and sickness, or medical service benefits declined, modified, canceled, or been refused issue, renewal or reinstatement of such insurance or benefits; or
- ☐ Yes ☐ No 5. Applied for issuance or reinstatement of any insurance providing income during disability or providing hospital or medical expense benefits.

Provide details for any yes answer: _____

If any questions are marked yes, a full review by Underwriting must be completed before the policy can be placed in force. Except as provided above, the undersigned declares that there has been no change in the facts stated on the original application for this policy.

The application for this policy is hereby amended as requested above. The undersigned agrees that these changes shall be an amendment to and form a part of the original application and the policy issued thereunder, if any, and that they shall be binding on any person who shall have or claim any interest under such policy.

I understand that omissions or misstatements in this amendment to the application could cause an otherwise valid claim to be denied under any policy issued from this application.

_____/_____/_____
Signature of Proposed Insured Date SSN

_____/_____/_____
Signature of Additional Proposed Insured (if any) Date SSN

Signed at: _____
(City, State)

_____/_____/_____
Signature of Owner (if other than Insured) Date SSN/TIN

Licensed Agent Date Agent#

CONTACT INFORMATION (can also use stamp or label in square) – required for communication to Agency

Name: _____ Telephone: _____

E-mail: _____

<i>SERFF Tracking Number:</i>	<i>AEGB-126998595</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47868</i>
<i>Company Tracking Number:</i>	<i>RW01 1009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>RW01 1009</i>		
<i>Project Name/Number:</i>	<i>New Business Rewrite Application/RW01 1009</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
	RW01 1009 flesch score.pdf	

	Item Status:	Status
		Date:
Satisfied - Item:	Supporting Documents	
Comments:		
Attachments:		
	AR - Rule and Regulation 19.pdf	
	RW01 1009 Cover Letter - TLIC.pdf	

FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)

Flesch Score

RW01 1009

50.4

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock, Assistant Vice President of Contract Development

RULE AND REGULATION 19
STATE OF ARKANSAS

Form Number:

Date:

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.



Transamerica Life Insurance Company
4333 Edgewood Road NE
PO Box 3183
Cedar Rapids, Iowa 52499

January 17, 2011

Commissioner of Insurance
Arkansas Department of Insurance
Compliance - Life/Health
1200 West Third Street
Little Rock, AR 72201-1904

Attn.: Policy Examination Division (Individual Life)

RE: **TRANSAMERICA LIFE INSURANCE COMPANY NAIC #468-86231**
Form number: RW01 1009 – Individual Life Application

Dear Sir/Madam:

Please find attached a copy of the above referenced form. This is a new form which is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to the applicant. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officer's signatures. These forms are concurrently being filed under our sister companies of Monumental Life Insurance Company, Stonebridge Life Insurance Company, Transamerica Financial Life Insurance Company and Western Reserve Life Assurance Co. of Ohio.

Application form RW01 1009 is an Individual Life Application that will be used with our non-variable life portfolio.

Licensed agents will use this if a change to a policy is requested within the delivery period for a policy that has been issued. Most of the time, it will be for situations when upon delivery of a policy originally agreed upon and the client decides he/she wants something different. This form will be used to clearly document the changes the client is requesting and get the client's signature. If approved, New Business will then reissue the policy with the changes. Since the client has signed this form, no additional amendment will be needed unless the company counters with something different from what the client requests in this form.

This application will be used via paper by licensed agents. We intend to use this form in a traditional manner whereby the Owner/applicant signs the application in ink and submits the application to the Company.

We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

TRANSAMERICA LIFE INSURANCE COMPANY

Deb Andregg
Policy Analyst
Contract Development
(319) 355-7265 (collect)
Fax #: (319) 355-2501
dandregg@aegonusa.com